

<i>SERFF Tracking Number:</i>	<i>TRGL-125373459</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Triangle Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC08-001R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Triangle Insurance Company, Inc.

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

SERFF Tr Num: TRGL-125373459

SERFF Status: Closed

Co Tr Num: WC08-001R

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Bret Wilson

Date Submitted: 11/30/2007

Disposition Date: 11/30/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 11/30/2007

State Status Changed: 11/30/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: AR-2007-10

Advisory Org. Circular:

Deemer Date:

Triangle Insurance Company is electing to adopt the NCCI Loss Cost filing AR-2007-10 effective 1-1-2008. We will continue to use the current loss cost multiplier of 1.5580 for all classes.

Effective 7/1/2007 we elected to retain the old 4 hazard group mapping as stated in Serff filing TRGL-125208216. As part of this filing we now wish to adopt the new 7 hazard group mapping Effective 1/1/2008 as filed and approved by NCCI in filing AR-2007-01.

SERFF Tracking Number: TRGL-125373459 State: Arkansas
Filing Company: Triangle Insurance Company, Inc. State Tracking Number: EFT \$50
Company Tracking Number: WC08-001R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: /

Company and Contact

Filing Contact Information

Bret Wilson, Manager, Compliance and Information wilsonb@trianglecompanies.com
PO Box 1189 (580) 237-4276 [Phone]
Enid, OK 73702 (580) 233-4847[FAX]

Filing Company Information

Triangle Insurance Company, Inc. CoCode: 28535 State of Domicile: Oklahoma
PO Box 1189 Group Code: Company Type: Stock
Enid, OK 73702 Group Name: State ID Number:
(580) 237-4276 ext. 242[Phone] FEIN Number: 73-1394760

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Triangle Insurance Company, Inc.	\$50.00	11/30/2007	16896968

<i>SERFF Tracking Number:</i>	<i>TRGL-125373459</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Triangle Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC08-001R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/30/2007	11/30/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Hazard groups we discussed on the telephone	Note To Filer	Carol Stiffler	11/30/2007	11/30/2007

SERFF Tracking Number: *TRGL-125373459*

State: *Arkansas*

Filing Company: *Triangle Insurance Company, Inc.*

State Tracking Number: *EFT \$50*

Company Tracking Number: *WC08-001R*

TOI: *16.0 Workers Compensation*

Sub-TOI: *16.0000 WC Sub-TOI Combinations*

Product Name: *Workers Compensation*

Project Name/Number: */*

Disposition

Disposition Date: 11/30/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	TRGL-125373459	State:	Arkansas
Filing Company:	Triangle Insurance Company, Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	WC08-001R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

SERFF Tracking Number: *TRGL-125373459*

State: *Arkansas*

Filing Company: *Triangle Insurance Company, Inc.*

State Tracking Number: *EFT \$50*

Company Tracking Number: *WC08-001R*

TOI: *16.0 Workers Compensation*

Sub-TOI: *16.0000 WC Sub-TOI Combinations*

Product Name: *Workers Compensation*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	TRGL-125373459	State:	Arkansas
Filing Company:	Triangle Insurance Company, Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	WC08-001R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	/		

Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Uniform Transmittal Document-Property & Casualty	Approved	11/30/2007
Bypass Reason:	We are assuming that all needed information is already part of this SERFF filing.		
Comments:			

		Review Status:	
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	11/30/2007
Bypass Reason:	We are assuming that all needed information is already part of this SERFF filing.		
Comments:			

		Review Status:	
Bypassed -Name:	NAIC loss cost data entry document	Approved	11/30/2007
Bypass Reason:	We are assuming that all needed information is already part of this SERFF filing.		
Comments:			